



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Combinations

Effective 04/13/2005

Revised 08/10/2007

Preferred Agents

- Glyburide-Metformin
- Avandamet®
- ActoplusMet®
- Avandaryl®
- Duetact®
- Janumet®

Non-Preferred Agents

- Glucovance®
- Metaglip®
- Glipizide-Metformin

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agent(s)	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030